Central Power Research Institute, Bengaluru – 560 080
केन्द्रीय विद्युत अनुसंधान संस्थान, बंगलौर – 560 080

No. CPRI/ADM II/23/2026 Date: 12.11.2026

CIRCULAR / परिपत्र

Sub: Updation of Family Dependency Details for availing Medical Facilities / Leave Travel Concession (LTC) – Reg.

All Employees and Pensioners/Family Pensioners of CPRI are hereby requested to submit their updated Family Dependency Details in the newly prescribed Family Details & Declaration Form enclosed herewith, for the following purposes:

1. **Employees:** For assessing eligibility for availing Medical Facilities and Leave Travel Concession (LTC).
2. **Pensioners/Family Pensioners:** For assessing eligibility for availing Medical Facilities.

The prescribed form shall be duly filled in, signed and submitted unit-wise, along with the requisite supporting documents, for verification and updation of official records.

It is further informed that any subsequent change in the dependency status of a family member, including any change in income, employment or residential status that may affect eligibility for Medical Facilities or LTC, shall be promptly intimated to the concerned Administration Section to facilitate timely updation of official records.

The duly completed and signed Family Details & Declaration Form, along with the requisite **supporting documents**, shall be submitted to the concerned Unit/Section Head on or before **30.11.2026**, without fail. The practice shall continue every year; **Employees** must complete by 31st of March every year and **Pensioner** must submit the same along with their life certificate.

All Employees and Pensioners/Family Pensioners are requested to ensure strict compliance with the above instructions and submit the prescribed form along with the requisite supporting documents within the stipulated timeline.

This issues with the approval of the Competent Authority.

12 Nov 2026

विंग कमांडर (डॉ.) एस. गणेश कुमार (सेवानिवृत्त)
Wing Commander (Dr.) S. Ganesh Kumar (Retd.)
मुख्य प्रशासनिक अधिकारी / Chief Administrative Officer

To:

1. All Units/Divisions/Sections for circulation amongst all employees/pensioners.

Copy to:

1. Concerned Sr. AO/AO/AAO for verification of eligibility conditions for availing the facilities in respect of employees and pensioners and for obtaining the requisite supporting documents from time to time.
2. Director
3. Chief Accounts Officer
4. Office of the Director General

For Pensioner/Family Pensioner

केन्द्रीय विद्युत अनुसंधान संस्थान
पोस्ट बॉक्स No.8066 : बंगलौर 560 080

(FORM 5)
(Details of Family (C.C.S Pension Rules)

1. Name of the Pensioner :
2. PPO No. & Retired as :
3. Date of Superannuation :
4. Details of the members of family as on :

Sl. No	Name of the member of the family *.	Date of Birth	Relationship with the Employee	Marital Status	Occupation	Remarks & Signature of Head of Office
1	2	3	4	5	6	7
01						
02						
03						
04						
05						
06						
07						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office regarding any addition/ alteration.

Date: Signature of the Pensioner
Place:

(Address of the Pensioner and Phone No.)

***Family for this purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the Central Civil Service (Pension) Rules, 1972.**

Note – Wife and husband shall include respectively judicially separated husband and wife.

For Pensioner/Family Pensioner

CENTRAL POWER RESEARCH INSTITUTE
केन्द्रीय विद्युत अनुसंधान संस्थान

DECLARATION FORM
(For Medical Facility)

I ....., Pensioner/Family Pensioner Retired as ..... of this institute is hereby declare that the following are members of my family who are wholly dependent on me.

DETAILS OF FAMILY

(i) Spouse, Children, Step Children

Sl. No.	Name	Relationship	Date of Birth	Occupation	Remarks

(ii) Father/Mother/Minor Brothers/Sisters/Widowed Daughters/Widowed Sisters, who are residing with me.

Sl. No.	Name	Relation ship	Date of Birth	Occupation	Status Married/ Unmarried/ Widowed	Remarks

Date: Signature:.....

Name:.....

I undertake that:-

1. The Children/Step children claimed to be dependent do not have income exceeding Rs.9000/- per month.

   Note: Children getting stipend or scholarship exceeding Rs.9000/- per month will not be entailed for LTC but they will be eligible for Medical Facilities.
2. The income of parents from all sources including pension (inclusive of temporary increase in pension and pension equivalent of DCRG benefits) does not exceed Rs.9000/- per month.
3. My father is not alive/my father is wholly dependent on me and income of my widowed sisters/unmarried sisters does not exceed Rs.9000/- per month from all sources for each person.
4. In case of any changes in the status of the above mentioned persons in future, the same should also be intimated jointly.
5. Acceptance of the declaration by the Competent Authority in the Spouse's office should be submitted along with the declaration failing which it would not be accepted.
6. I hereby affirm and declare that, none of the above members of my family of Government / Private / Public Sector or are service pensioners / family pensioners. I am aware that, **I am liable for disciplinary and legal action and recovery of the amount, if any of the above information is found to be untrue.**

Date:

Signature: .....

Name: .....

Designation: .....

Department: .....

Employee No: .....

For Office Use

Certified that the employee and dependents members are verified and eligible for availing the Medical facility as per their declaration.

Administrative Officer